



Town of Chesapeake City

108 Bohemia Ave.
Chesapeake City, MD 21915
(P) 410-885-5298
(F) 410-885-2515
www.chesapeakecity-md.gov

Application for Zoning Certificate

File Number: _____
Date Received: _____
Received by: _____
Fee (Application + Sq. Ft): _____
Paid By (Cash, Check): _____

PROPERTY OWNER INFORMATION

NAME: _____
MAILING ADDRESS: _____
CITY/ST/ZIP: _____
PHONE: _____
EMAIL: _____
PROPERTY ADDRESS: _____
(If different than above) _____

TYPE OF PROJECT

(CHECK ALL THAT APPLY)

- | | |
|--|---|
| <input type="checkbox"/> Primary Structure | <input type="checkbox"/> Addition |
| <input type="checkbox"/> Accessory Structure | <input type="checkbox"/> Grading |
| <input type="checkbox"/> Sign | <input type="checkbox"/> Renovation |
| <input type="checkbox"/> Fence/Wall | <input type="checkbox"/> Maintenance * |
| <input type="checkbox"/> Swimming Pool | <input type="checkbox"/> Roof <input type="checkbox"/> Siding |
| <input type="checkbox"/> Subdivision | <input type="checkbox"/> Windows <input type="checkbox"/> Other |
| <input type="checkbox"/> Re-Zoning: From _____ To _____ | |
| <input type="checkbox"/> Change of Use: W/S Change? YES NO | |
| <input type="checkbox"/> Tree Removal: # to be removed: _____ | |
| <input type="checkbox"/> Demolition: W/S Capped? YES NO | |

* For Roof Replacement please include disposal/safety plan (to protect public areas)

ESTIMATED TOTAL PROJECT COSTS

Estimated Total Project Cost: _____
(Please attach a written agreement w/contractor or good faith estimate if work to be completed by Owner)

CONTRACTOR/AGENT INFORMATION

COMPANY: _____
REPRESENTATIVE: _____
PHONE: _____
EMAIL: _____
MD LICENSE#: _____
INSURANCE: _____

Attach copy of Contractor's License and Workers Comp. Insurance

SCOPE OF WORK

Please provide a detailed, written explanation of work to be completed. If additional space is needed, please attach. Include exterior materials to be utilized. Samples may be required.

New Square Footage: _____

(Fee Calculated at \$.15 per square foot for Residential and \$.25 per square foot for Commercial)

SUBMITTAL REQUIREMENTS

(THE FOLLOWING CONDITIONS APPLY)

- All applications **MUST** include a site plan/sketch {must show: all property lines, all existing improvements (structures, driveways, patios, decks, etc.), the location of the proposed project, and setbacks (from property lines) of the proposed project} of work to be completed. Also, if applicable, a Historic District Application and approval may be required.
- All applications shall be accompanied by a written agreement signed by the owner of the premises and the contractor/builder, setting forth the labor and materials to be furnished and the costs thereof. If no such agreement exists or if the owner is not utilizing the services of a contractor, a good faith estimate of the cost of materials and labor shall be submitted. **All projects exceeding \$10,000 or in the Historic District shall be referred to the Historic District Commission/Planning Commission for review.**
- If a Contractor/Agent is applying, please attach a letter from the property owner giving authorization to act on his/her behalf.
- Building, renovation, and addition permits require **10 sets** of Plan View and Elevations Drawings.
- See Zoning Administrator for Subdivision submission requirements.
- Town Building Permits shall expire in 180 days of issuance in the event that no work has commenced and all Building Permits shall automatically expire one year from date of issuance. Extensions may be requested in writing.
- Any deviation from the project plans (location, materials, etc.) as approved by the Town shall not be permitted and may result in a Stop Work Order and fines. Please contact Town Hall immediately if the project must be modified or altered in any way.

This is not a Building Permit. Town Building Permit will only be issued upon approval of this application and the issuance of a Building Permit from Cecil County (if required).

Applicant Signature: _____

Date: _____

*******STAFF USE ONLY*******

Tax Map: _____ Grid: _____ Parcel: _____ Lot: _____ Zoned: _____

<input type="checkbox"/> Residential Project	<input type="checkbox"/> Water Allocation(s) Required? YES NO
<input type="checkbox"/> Commercial Project	<input type="checkbox"/> Plot Plan/Sketch Attached
<input type="checkbox"/> Critical Area Designation: _____ Buffer: YES NO	<input type="checkbox"/> Contractors License/Workers Comp Info Attached
<input type="checkbox"/> Critical Area Commission Approval (if required)	<input type="checkbox"/> Authorization Letter From Owner (if applicable)
<input type="checkbox"/> 10% Guidance Rule Addressed	<input type="checkbox"/> Change of Use/Re-Zoning Explanation Attached
<input type="checkbox"/> Floodplain Zone: _____ If yes, Panel #: _____	<input type="checkbox"/> Estimated Project Cost Attached
<input type="checkbox"/> Site Plan Attached (If required)	<input type="checkbox"/> County Building Permit Required? YES NO
<input type="checkbox"/> Category 1 <input type="checkbox"/> Category 2 <input type="checkbox"/> Category 3	<input type="checkbox"/> Historic District App. Submitted (If required)

HISTORIC DISTRICT COMMISSION

DATE OF REVIEW: _____

CONDITIONS: (IF APPROVED W/ CONDITIONS)

ACTION:

☐ APPROVED ☐ DENIED
☐ APPROVED WITH CONDITIONS

PLANNING COMMISSION

DATE OF REVIEW: _____

CONDITIONS: (IF APPROVED W/ CONDITIONS)

ACTION:

☐ APPROVED ☐ DENIED
☐ APPROVED WITH CONDITIONS

This application is ☐ APPROVED ☐ DENIED on this date _____ by

Signature _____ Printed Name: _____

☐ Planning Commission Chair / ☐ Zoning Administrator